Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
		Τ	(Column 1)			(Column 2)			TYPE		OR	SMALL	1
FOR			NUMBER FILED			NUMBER EXTRA] [RATE	FEE		RATE	FEE
				7.7		11.12.15	1227			345.00	OR		690.00
TC	TAL CLAIMS		1	minus	20=	*			X\$ 9=		OR	X\$18=	
INE	INDEPENDENT CLAIMS 3 = *								X39=		OR	X78=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	690
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								-	SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A	4 4 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	CLAIM REMAIN AFTE AMENDM	NING ER	•	PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10		Minus	**	20	=	H	X\$ 9=		OR	X\$18=	
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	TINOT PRESE	INTATION	OF WIO		CNU	ENT CLAIR		ן י	+130=		OR	+260=	
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colum			(C	olumn 2)	(Column 3)				-		
AMENDMENT B	**************************************	CLAIN REMAIN AFTE AMENDI	NING ER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╿	422	-			
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AMENDMENT C	1 / 1 C / 1 C / 2	REMAIN AFTE AMENDA	NING R		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent	*		Minus	***		=		X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							▎┠					
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260≃	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY. It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

()	e. We of A Hor Sheet)
APPLICATION NUMBE	ER: 91 480 837
	Total Fac Calculation

		Total Fee	Calculati	oa		
	Fee Cade	Total # Claims	Number Extra)	: Fee	Fee •	Total
	Sm.ALg			Sm. Entity	Lg. Entiry	*
Darle Filing Fee	2017(0)				690 -	690
Total Claims >20	203 103	16 :0-	X			
Independent Claums (-)	2021102	<u> </u>	X			
Multi-Dep Claim Present	204/104	:				
Surcharge	205/105	•			130 -	130
English Translation	110					
TOTAL FEE CALCULA	ATION					820
Fees due upon filing d	he application					
Total Filing Fees Due	= 5	820	D. N		٠	
Less Filing Fees Subm	uitted 🦩 S					
BALANCE DUE	= \$	8	20.00			•
Office of Initial Patent	J. Arks Examination					
FORM OUPE BAM OLD	. 17/07)	Liga	ire 7		. 	

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